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## **COVER LETTER**

Registration Section TO: **Division of Corporations** Underground Sewer General Contractor, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Megan Belcourt Name of Person Souza's Tax & Accounting Professionals Inc Firm-Company 6239 Edgewater Drive Ste D1 Address Orlando, FL 32810 City/State and Zip Code incorporating@souzatax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 895-4099 Megan Belcourt Daytime Telephone Number Name of Person Enclosed is a cheek for the following amount: ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Underground Sewer General Contractor, L. (Name of the Limited Link	offity Company as It now appears on our	records.)
{A Flor	rida Limited Larbitity Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/27/201	8 and assigned
Florida document number L18000273956	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the H	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, it applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or register	rod office uddress on our records.	enter the name of the new registere
agent and/or the new registered office address here	ce office address on our recovery	
Name of New Registered Agent:	,	
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	uddress
		Florida
	City	Zlp Code

## New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Unit A	≣Remove
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effective date is listed, the date :	must be specific and cannot be pri s block does not meet the app	ior to date of filing or more	e thun 90 days after filit requirements, this da	ig.) Pursuant to 605.03 te will not be listed
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ord specifies a delayed effec	ctive date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
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